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Country programme recommendation**

Bhutan

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Bhutan which has an annual planning level of $1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of $4,390,000 from regular resources, subject to the availability of funds, and $10,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2002 to 2006.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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Basic data[a] *(1999 unless otherwise stated)*	
Child population (millions, under 18 years)	1.0
U5MR (per 1,000 live births) (2000)	100
IMR (per 1,000 live births) (2000)	77
Underweight (% moderate and severe)	19
Maternal mortality ratio (per 100,000 live births) (1994)	380
Literacy (% male/female) (2000)	61/34
Primary school enrolment (% net, male/female) (1998)	58/47
Primary school children reaching grade 5 (%) (1998)	86
Use of improved drinking water sources (%) (2000)	62
Routine EPI vaccines financed by Government (%)	0
GNP per capita (US$)	510
One-year-olds fully immunized against:	
Tuberculosis	90 per cent
Diphtheria/pertussis/tetanus	88 per cent
Measles	76 per cent
Poliomyelitis	89 per cent
Pregnant women immunized against tetanus	80 per cent

[a] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. The information presented in the country note for Bhutan (E/ICEF/2001/P/L.38) defines the basis for the next country programme.

2. Studies on health, early childhood care (ECC) and the model village programme have been completed, shaping strategies in these areas for the next country programme. The round table meeting attended by all donors in November 2000 confirmed the focus of the Government for the next five-year plan. These include the economy, governance, poverty, rural-to-urban migration and urbanization, globalization, youth and employment, infrastructure, private sector development, mass media and information technology.

3. The Government's Ninth Five-Year Development Plan is being finalized after a mid-term review (MTR) of the previous plan with all 20 *dzongkhag* (district) heads and people's representatives. All discussions included senior officials and His Majesty the King, who travelled to 18 of 20 *dzongkhags*. The next plan will incorporate long-term national development principles such as self-reliance, sustainability, preservation of culture and tradition, balanced development and strengthening national security. There will be an additional focus on increasing domestic revenue through taxes, improving the quality of life and income of rural

people, *geog*-based planning (the smallest administrative unit representing the village level), and enhancing private sector development.

4. The United Nations Development Assistance Framework (UNDAF) is being implemented simultaneously by different agencies within their programming processes. The Common Country Assessment (CCA) has been finalized, and United Nations agencies are reviewing programmes and objectives for the next five-year cycle to promote synergy of interventions to achieve common goals.

5. Security issues are discussed openly at public and government meetings and in the media. Early in 2001, a joint verification team from Bhutan and Nepal was established to resolve the southern refugee issue.

Programme cooperation, 1997-2001

6. UNICEF has been a major donor in primary education since 1974. Interventions at 45 community schools included the provision of supplies and equipment, and improvement of the learning environment. This has ensured community involvement in the building of schools, ownership of the initiative and enhanced access to primary education in remote areas, especially for girls.

7. Emphasis placed by the country programme on the in-service training of teachers has improved the quality of teaching and learning. UNICEF has provided funds for the training of 1,000 teachers through workshops and training programmes in Australia. The Education Monitoring and Support Service indicates that teachers who have participated in in-service training courses are better able to create an effective learning environment and to support children in achieving learning objectives.

8. In non-formal education, the number of learners has increased from 300 to 10,633, 70 per cent of them women. Non-formal education centres increased from 6 to 81 by 2000. UNICEF has played a central role in both the development of materials and in the pre- and in-service training of 360 instructors. Expansion of the basic literacy programme to include a post-literacy support component occurred as a result of UNICEF advocacy for additional skills development options for neo-literates.

9. To mainstream disabled children into regular schools, the Government of Denmark has financed facilities in an urban school in Thimphu as part of a pilot initiative, with software inputs from UNICEF. UNICEF has provided training and materials to the National Institute for the Disabled, as well as a specialist in special education for a draft policy now under review.

10. UNICEF advocacy with the Government and other partners, notably with the World Bank, has resulted in the adoption of early childhood education as one of the focus areas in the Ninth Five-Year Plan.

11. The 1999 evaluation of the religion and health project indicated that religious practitioners were effective in health promotion. Health subjects have been introduced in the curriculum in selected monastic institutes. Religious practitioners have also shown an interest in participating in social development activities.

12. UNICEF support has helped to improve the health status of women and children. Immunization rates have been sustained at 86 per cent, and there have been no confirmed cases of polio since 1986 and no neonatal tetanus since 1994. According to the 2000 National Health Survey, the infant mortality rate has dropped to 60.5 per 1,000 live births, the under-five mortality rate to 84 per 1,000, while maternal mortality now stands at 225 per 100,000 live births.

13. Activities for the elimination of iodine deficiency disorders (IDD), in the form of the iodization of salt for household consumption, have been maintained since 1996, supported by periodic monitoring exercises. The last exercise will be completed in 2001, which is expected to lead to a nationwide assessment and eventual declaration of the elimination of IDD, the first in the region to do so. The ensuing challenge is sustainability.

14. The construction of 81 permanent outreach clinics by the Health Department, in cooperation with the community and UNICEF, has contributed greatly to increasing access to primary health care (PHC) for the population in remote areas. Antenatal and post-natal services are reaching an increasing number of mothers and have contributed to the reduction of the maternal mortality ratio. The training of 1,279 village health workers (VHWs) resulted in improved access to health care, especially in remote areas. The contribution of a Columbia University (United States) grant is helping to upgrade 10 hospitals as emergency obstetric care centres and four hospitals as comprehensive obstetric care centres.

15. During this country programme, a breastfeeding policy has been developed, which will be submitted to the 2001 National Assembly for approval. A community-based nutrition pilot project was implemented in Langdurbi, a remote village in south-eastern Bhutan. This experience will be used to replicate interventions targeted at select areas with poor nutrition indicators.

16. In rural water supply, through support from the Public Health Engineering Section, and in cooperation with the community and UNICEF, coverage increased from 61 per cent in 1997 to 77.8 per cent in 2000 through the construction of 393 new water supply schemes, 582 spring source protection schemes and the rehabilitation of 144 schemes. As mentioned in the MTR document (E/ICEF/2000/P/L.24), UNICEF ended major involvement in rural water supply because of a lack of funds, and the Government of Denmark assumed a principal partnership role in the sector. Institutional water supply to monasteries and schools, environmental sanitation, and the training of water caretakers, with community involvement, continued to receive UNICEF support as a complement to Danish assistance.

17. National sanitation coverage increased from 78 per cent in 1997 to 88 per cent in 2000. School sanitation coverage increased to 57 per cent in 2000 through the construction of 435 latrines of various types. Capacity-building was strengthened through the training of 624 new water caretakers, with refresher courses for 518 caretakers and the training of 3,139 village maintenance committee members. The Public Health Engineering Section facilitated all training, in close cooperation with UNICEF. This resulted in the sustainability of a majority of the water schemes. In 1999, the situation was further improved through participatory planning and monitoring workshops, with technical input from the Government of the Netherlands.

Lessons learned from past cooperation

18. The fundamental lessons learned were described in the country note. In general, multisectoral coordination and cooperation at all levels, from UNICEF to community levels, should be strengthened to increase ownership and sustainability of actions, as indicated in the recent model village evaluation study. Using *geog*-based plans to target disadvantaged areas with a convergence of basic social services promotes equity, mutually supports the many activities related to the child, maximizes limited resources and is in line with the Government's decentralization approach. Social indicators and planning data, supported by partner agencies, will also be used for designing and targeting interventions.

19. A study of ECC in Bhutan recommends the reinforcement of many positive care practices and stresses the importance of further promoting ECC, using current partners such as Scouts, the National Women's Association of Bhutan, non-formal education participants and religious practitioners. Moreover, all health workers who have regular contact with villagers also need to be trained. ECC concepts should be strengthened in the curricula of the Royal Institute of Health Sciences for PHC workers and training manuals for primary school teachers.

Recommended programme cooperation, 2002-2006

	Estimated annual expenditure (In thousands of United States dollars)					
	2002	*2003*	*2004*	*2005*	*2006*	*Total*
Regular resources						
Child care and development	208.25	208.25	208.25	208.25	208.25	1 041.25
Health and nutrition	208.25	208.25	208.25	208.25	208.25	1 041.25
Expanded basic education	249.90	249.90	249.90	249.90	249.90	1 249.50
Planning, communication and participation	180.60	180.60	180.60	180.60	180.60	903.00
Cross-sectoral costs	31.00	31.00	31.00	31.00	31.00	155.00
Subtotal	**878.00**	**878.00**	**878.00**	**878.00**	**878.00**	**4 390.00**
Other resources						
Child care and development	426.00	426.00	426.00	426.00	426.00	2 130.00
Health and nutrition	426.00	426.00	426.00	426.00	426.00	2 130.00
Expanded basic education	676.00	676.00	676.00	676.00	676.00	3 380.00
Planning, communication and participation	472.00	472.00	472.00	472.00	472.00	2 360.00
Subtotal	**2 000.00**	**2 000.00**	**2 000.00**	**2 000.00**	**2 000.00**	**10 000.00**
Total	**2 878.00**	**2 878.00**	**2 878.00**	**2 878.00**	**2 878.00**	**14 390.00**

Country programme preparation process

20. This participatory process has involved the Government, development partners and United Nations agencies. The 1999 MTR was preceded by a rights-based programming workshop, with the participation of all stakeholders. The rights-based approach was further supported by a rights-based situation analysis finalized in 2000, and approved by the Bhutan National Convention on the Rights of the Child Committee, comprising multisectoral representation from the Government. Some key studies and reports, which contributed to the analysis, included: "Vision 2020", a report to guide Bhutan's future development; the 1999 Bhutan National Human Development Report; and the Government report on the Convention on the Rights of the Child. The ensuing situation analysis formed the basis for planning the next country programme. A strategy meeting was held in September 2000 in preparation for drafting the country note. Regular consultations are held between UNICEF staff and government counterparts on the evolving master plan of operations (MPO) for the next country programme.

Country programme goals and objectives

21. The goal of the UNICEF/Government of Bhutan country programme for 2002-2006 is to work towards the realization of rights for all children, using the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and within the Government's Five-Year Plan, the UNDAF process, and the priorities of the UNICEF medium-term strategic plan (MTSP).

22. The objectives, as summarized in the country note, are to support the Government and other partners to: (a) improve the quality of and access to education and health services; (b) give the child a good start in life by empowering families and communities; (c) meet the still unmet goals of child survival and development; and (d) ensure the integration of activities through communication support, the efficient use of resources, and alliances through proper planning and monitoring.

23. There are four mutually-reinforcing programme areas to achieve the target goals: (a) health and nutrition; (b) expanded basic education; (c) child care and development, which has multisectoral activities; and (d) planning, communication and participation. All of the programme areas support each other with cross-cutting activities through common themes such as nutrition, family- and school-based child care and development, and early childhood care and development (ECCD).

Relation to national and international priorities

24. Country programme priorities are aligned with UNDAF, the Government's five-year development plan, current studies, evaluations, the situation analysis and the UNICEF MTSP. The future country programme fits within the overall UNDAF goal of supporting "Growth with Equity for Gross National Happiness", and the three immediate objectives: (a) measurable progress towards good governance; (b) universal access to quality social services; and (c) improved livelihoods for the disadvantaged.

25. Girls' education will be a major focus in low enrolment areas and in the expanded education interventions, using non-formal learning centres. Immunization activities, as well as support to health systems that provide PHC in terms of training of VHWs and encouraging community participation in the building of outreach clinics will continue. With a current caseload of 22 cases, HIV/AIDS control is not yet a critical concern, but there is a danger of an exponential increase if prevention is not strengthened. Messages through information and communication materials will continue, together with support from the Government of Denmark, the World Bank, the United Nations Population Fund (UNFPA) and the World Health Organization (WHO), which will provide complementary interventions within an overall HIV/AIDS plan. Child protection issues will be part of an overall communication strategy on issues related to the Convention on the Rights of the Child.

Programme strategy

26. The four programme components are interrelated strands of one strategy. Implementing all four programmes concurrently in the same *geogs* will maximize the synergies inherent in all programmes and will have a greater impact than if they were implemented separately. All programmes work towards the realization of the rights of the children to good health, nutrition, education, care practices and opportunities for expression and participation so that they may develop to their fullest potential.

27. Using *geog*-based plans, the identification of areas of greatest child vulnerability will constitute a major strategy for targeting villages in *dzongkhags* that have poor social indicators. In education, these include selected villages in six *dzongkhags* in eastern Bhutan, and in certain southern areas where security conditions permit monitoring of assistance. These are areas where poverty studies and other social studies, including *geog*-based indicators, reveal low enrolment, especially of girls. Community-based nutrition as well as school sanitation interventions will supplement education activities. Gradually, other disadvantaged areas will also be targeted depending on *geog*-based plans. Targeting of these areas will be undertaken with the Planning Commission, together with the health and education sectors. This merging of interventions will constitute the family- and school-based child care and development strategy.

28. As mentioned in the country note, using the rights-based framework, with its principles of universality, indivisibility, participation and accountability, programme interventions will support policy development, strengthen advocacy and capacity-building, and undertake limited service delivery. Universality will stress the inclusion of girls, the disabled and other marginalized children, especially in relation to education interventions. Indivisibility will encourage multisectoral interventions and support to a holistic view the child through all ages, including the reproductive years of the woman. This effort will be especially evident in activities implemented in targeted villages within the family- and school-based child care and development strategy. Encouraging participation, especially of youth and women in the formulation of activities and the development of learning and communication materials, will give them an added voice and recognize their decision-making capacities.

29. Planning at community, *dzongkhag* and central levels will proceed in a collaborative, participatory and integrated fashion across all programme areas where there are convergent social sector interventions. This clarifies linkages between programmes, identifies opportunities for resource sharing of both physical facilities and project personnel, and coordinates the timing of the introduction of different activities.

30. Advocacy interventions will focus on creating awareness of accountabilities at all levels, including parents, communities, government policy makers and the national Committee on the Rights of the Child. Advocacy and social mobilization provide the foundation for the realization of the rights of all children, recently addressed through the Global Movement for Children. Capacity-building is critical in addressing development efforts and realizing government priorities for quality care and services, especially in the health and education sectors. Limited service delivery will support community efforts for development and for achieving the still unmet goals.

31. Other interventions, such as immunization, safe motherhood, quality basic education, and contributions to policy inputs such as ECCD and nutrition, will have nationwide coverage.

32. **Child care and development**. Originally entitled "community development", this programme was renamed to appropriately represent planned activities. The programme has two components: family-based child development; and school-based sanitation and hygiene promotion. The programme supports the government policy of decentralization and strengthening of the *dzongkhag* administration, requiring greater devolution of decision-making powers and intersectoral coordination to fulfil the vision for a people-centred development process. *Geog*-based plans will identify specific villages in the six *dzongkhags* that need greater attention, especially in improving child development indicators. These *dzongkhags* are Trashigang, Trashi Yangtse, Lhuentse, Mongar and Zhemgang in the east, and Chhukha in the south. Experiences of development partners, such as the United Nations Capital Development Fund and the Netherlands Development Organization, in *dzongkhag* and village-level planning in these areas will orient strategies and activities. Experience from target villages in the six *dzongkhags* will guide the replication of activities in other areas.

33. Specific interventions to increase girls' education, community-based nutrition, ECCD, hygiene and sanitation in selected schools and villages will be directed to these areas in a convergent and integrated manner to promote greater effectiveness. ECCD activities will promote best practices through the sharing of information using media, government extension workers and participants in non-formal education. The target of these messages will be parents and other caregivers. The Planning Commission at the central level will be involved in the integration of the convergence of services in these areas. A new partner in nutrition promotion — the Ministry of Agriculture — will be involved in the expansion of the family- and community-based approach to better coordinate efforts in food production and the availability with nutrition interventions. The Government will be responsible for project management at the district level, and support will be provided to collect, monitor and evaluate information on child care and development gathered from the experience, using existing management information systems.

34. **Expanded basic education**. This programme has three components: (a) ECCD; (b) basic education quality improvement; and (c) expanded learning opportunities. In ECCD, the focus will be on the development and implementation of ECCD policy guidelines and activities at the national level, and as a specific component in the child care and development approach incorporating selected multisectoral interventions. Although ECCD is an approach that cuts across all programmes, it is recognized that policies have to be established at the central level, and interventions have to be defined and developed at the community level with the involvement of all sectors. ECCD remains an intersectoral priority and is included in health, family-based child development, nutrition, and advocacy and participation activities through interventions for care, psychosocial development, nutrition, health, hygiene and water and sanitation. A comprehensive policy and strategy for ECCD, which defines the respective roles of the Government, communities and parents, will be developed and disseminated through media, direct community interventions and non-formal education.

35. The basic education quality improvement component refers to inclusive primary education, characterized by quality and universality of reach. The objective is to increase access to relevant and quality basic education for all children, including the disadvantaged and the disabled, and with a special focus on increasing gender parity in enrolment and completion rates. National-level interventions include the formulation of a policy and strategic framework for the delivery and quality assurance of basic education, and strengthening of the Education Management Information System for local planning and monitoring of enrolment and learning achievements. Innovations and pilot experiences, such as child-friendly schools, school cluster development, girls' education and inclusive education, will be tested in six selected *dzongkhags*.

36. Although enrolment rates have improved in general, 28 per cent of children in various parts of the country are still not enrolled in school, including in remote areas, mainly because of a lack of resources in general and limited places in schools. The south had suffered particularly with the closing of schools due to political problems in the early 1990s. UNICEF continues to dialogue with the Government and partners to support efforts to correct this inequity.

37. The expanded learning opportunities component aims to continue to expand the non-formal education programme based on its success in reaching out-of-school youth and women. The adult literacy rate is currently estimated at 54 per cent, with women representing 20 per cent of this figure. Forty-seven per cent of girls between 6-12 years old do not attend school and, consequently, add to the already high illiteracy rate among women. Support for the development of a national policy will be provided to ensure the structure and organizational framework, in which a system of continuing education and life-long learning will co-exist with and support both formal and non-formal systems.

38. **Health and nutrition**. This programme has two components: maternal and child health; and nutrition. Although the health care system has improved over the years, the quality of services and manpower are inadequate. Basic health workers lack the skills to meet the expanded health requirements. The survival, growth and development of children under five years old remain an important challenge owing to the lack of services and information for this period of life. Child mortality rates have decreased, but morbidity rates caused by malnutrition and common diseases

such as acute respiratory infections and diarrhoeal diseases continue to take a toll. A high incidence of low birth weight contributes to delayed development. Hospital administrative records indicate a low-birth-weight prevalence of 15 per cent among hospital deliveries, but nationwide prevalence is expected to be much higher since a majority of deliveries occur outside health centres. Approximately one in five women of child-bearing age are malnourished, and an estimated 60 per cent suffer from iron deficiency anaemia. The difficult terrain, scattered population, low literacy, lack of awareness and non-accessibility of emergency obstetric care contribute to maternal mortality. UNICEF will work in partnership with UNFPA in safe motherhood and adolescent health; with WHO in the Integrated Management of Childhood Illness (IMCI) and other health interventions; and with Columbia University on maternal mortality reduction through 2002.

39. Interventions from past country programmes related to reductions in infant, under-five and maternal mortality, as well as in the incidence of malnutrition and micronutrient deficiency disorders, are being continued. Support to capacity-building of PHC workers, families and communities in health and nutrition will be provided, as well as training of VHWs. Support will also be provided to the Royal Institute of Health Sciences aimed at improving the quality of services and performance of health workers. A new emphasis will be placed on enhancing child-care practices, within IMCI and in conjunction with the education and other sectors. UNICEF will collaborate with the World Food Programme on nutrition activities.

40. **Planning, communication and participation**. This programme has two components: monitoring and evaluation, advocacy and participation, which incorporates information/communication support; and religion and social development promotion. The programme consolidates the planning and communication elements of all sectoral interventions; serves as a catalyst for the development goals in all sectors; and informs policy development, planning and participation of beneficiaries. In principle, it provides cross-cutting support for the planning, monitoring and evaluation of UNICEF programmes, and aims to contribute to policy development in areas of concern to children. The programme aims to enhance the knowledge and skills of government partners to plan, implement, monitor and evaluate programme activities. It also provides cross-cutting support in advocacy, information and communication, thus providing the impetus for achieving the country programme objectives. Lastly, it aims to support the participation of all stakeholders in upholding the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

41. Experience from the previous religion and health programme, which showed success in mobilizing religious practitioners as health promoters, will be the basis for a broader social approach. Support to monastic institutions, through the limited delivery of water supply and sanitation services, and advocacy training with different social messages, will enable religious practitioners, revered in the daily lives of Bhutanese, to use their influence to promote good social practices for community development.

42. An emergency-preparedness element is built into the programme to take into account possible disasters, man-made or natural, that could affect the welfare of women and children. A plan, based on the UNICEF core corporate commitments in emergencies (E/ICEF/2000/12), has been developed to meet the immediate needs of

1,000 displaced families within 24 to 48 hours. The plan assumes the cause of displacement to be either military action or monsoon-related floods.

43. **Cross-sectoral costs** will cover supply, planning and transport.

Monitoring and evaluation

44. Monitoring and evaluation of the country programme will continue according to the integrated monitoring and evaluation plan. There has been a considerable increase in monitoring and evaluation activities, surveys and studies during the past programme period. UNICEF will continue to input data on children and women into the ChildInfo database, and eventually into DevInfo, in collaboration with United Nations agencies. Indicators are being defined in order to lay a basis for measuring progress towards the country programme goals and objectives.

45. The programme will undertake activities aimed at capacity-building in child information monitoring and evaluation of government partners at central, *dzongkhag* and local levels related to targeted areas of intervention as defined by *geog*-based plans.

Collaboration with partners

46. UNICEF has worked closely with the United Nations system in developing and finalizing the CCA 2000 as a basis for UNDAF. Together with other agencies, UNICEF will attempt to undertake joint programming in specific poverty target areas in agreement with the Government.

47. UNICEF will continue to work with other bilateral development partners in Bhutan. Alliances will be explored, such as the expanding private sector and the corporate organizations within the country. Special efforts will be continued to maintain the interest and funding support of Buddhist organizations and other targeted public groups, which contribute specifically to Bhutan programmes through national committees.

Programme management

48. The Government's Department of Aid and Debt Management, Ministry of Finance, is responsible for overall coordination of assistance programmes in Bhutan. Responsibilities for programme management rest with the heads of relevant ministries.

49. The Government and UNICEF will conduct joint annual planning and review meetings for all programmes covered by the MPO. A more comprehensive MTR will be undertaken jointly in 2004 and an end-of-cycle review in 2006. Other United Nations agencies and representatives of multilateral and bilateral donors, as well as collaborating non-governmental organizations, will be invited to participate at these meetings, as appropriate.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : BHUTAN
PROGRAMME : 2002-2006

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH AND NUTRITION	1,041,250		1,041,250	0	0	0	0	0	0	0	1	1	2	0	151,859	151,859
CHILD CARE AND DEVELOPMENT	1,041,250		1,041,250	0	0	0	0	0	0	0	1	2	3	0	189,742	189,742
EXPANDED BASIC EDUCATION	1,249,500		1,249,500	0	0	0	0	1	0	1	0	1	2	560,988	29,086	590,074
PLANNING/COMMUNIC/PARTICIPATION	903,000		903,000	0	0	0	0	0	0	0	1	3	4	0	204,723	204,723
CROSS-SECTORAL COSTS	155,000		155,000	0	0	0	0	0	0	0	0	2	2	0	112,112	112,112
TOTAL RR	4,390,000		4,390,000	0	0	0	0	1	0	1	3	9	13	560,988	687,522	1,248,510
OTHER RESOURCES :																
HEALTH AND NUTRITION		2,130,000	2,130,000	0	0	0	0	0	0	0	1	1	2	0	110,456	110,456
CHILD CARE AND DEVELOPMENT		2,130,000	2,130,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EXPANDED BASIC EDUCATION		3,380,000	3,380,000	0	0	0	0	0	0	0	1	0	1	0	82,802	82,802
PLANNING/COMMUNIC/PARTICIPATION		2,360,000	2,360,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		10,000,000	10,000,000	0	0	0	0	0	0	0	2	1	3	0	193,258	193,258
TOTAL RR & OR	4,390,000	10,000,000	14,390,000	0	0	0	0	1	0	1	5	10	16	560,988	880,780	1,441,768
SUPPORT BUDGET	Operating costs		781,833	0	0	1	1	1	0	3	1	6	10	2,009,777	442,273	2,452,050
	Staffing															
GRAND TOTAL (RR + OR + SB)				0	0	1	1	2	0	4	6	16	26	2,570,765	1,323,053	3,893,818
Number of posts and staff costs:																
Current programme cycle										4	5	15	24			
At the end of proposed programme cycle (indicative only)										4	6	16	26	2,570,765	1,323,053	3,893,818

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.